

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 01-18-05.

CPT code 97112 for date of service 02-11-04 was withdrawn by the requestor and is not part of the review.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The neuromuscular re-education, therapeutic exercises, therapeutic activities, manual therapy technique and office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 01-27-04 through 02-11-04 in this dispute.

This Findings and Decision and Order are hereby issued this 9th day of March 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision

March 2, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M5-05-1468-01

CLIENT TRACKING NUMBER: M5-05-146801-5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

RECORDS RECEIVED FROM THE STATE:

Notification of IRO Assignment dated 2/18/05, 2 pages

TWCC-60 dated 2/4/05, 5 pages

Explanation of Review dated 5/19/04, 3 pages

RECORDS RECEIVED FROM MERRITT CHIROPRACTIC P.A.:

Summary of care, undated, 1 page

Report from Cotton Merritt DC dated 2/25/03, 4 pages

Functional capacity evaluation dated 2/26/03, 7 pages

Report from Garry Pollock MD dated 2/27/03, 3 pages

Report from Dr. Pollock dated 3/11/03, 1 page

1 page cervical MRI report dated 3/25/03

EMG/NCV report from Cheryl Weber MD dated 4/4/03, 2 pages

Report from Dr. Merritt dated 4/10/03, 2 pages

1 page prescription from Dr. Pollock dated 4/10/03

Report from Dr. Pollock dated 4/10/03, 2 pages

Report from Dr. Pollock dated 5/1/03, 2 pages

TWCC-69 Report of Medical Evaluation dated 5/7/03

Report from Dr. Pollock dated 7/7/03, 1 page
Report from Dr. Pollock dated 7/16/03, 1 page
Report from Dr. Pollock dated 8/6/03, 1 page
Designated doctor evaluation from Dr. Mohabeer dated 8/7/03, 4 pages
Report from Dr. Pollock dated 9/8/03, 1 page
1 page right shoulder MRI study dated 10/7/03
Report from Dr. Pollock dated 10/13/03, 1 page
Report from Dr. Pollock dated 10/16/03, 1 page
Report from Dr. Pollock dated 11/17/03, 1 page
Report from Dr. Pollock dated 12/3/03, 1 page
Operative report from Dr. Pollock dated 12/10/03, 3 pages
Report from Dr. Merritt dated 12/12/03, 2 pages
Unsigned reports dated 12/15/03, 12/17/03, 12/19/03 and 12/29/03, 4 pages
Report from Dr. Pollock dated 12/29/03, 1 page
Unsigned reports dated 12/31/03 and 1/12/04, 2 pages
Designated doctor evaluation dated 1/13/04, 3 pages
Unsigned reports dated 1/14/04, 1/27/04, 1/28/04 and 1/30/04, 4 pages
Report from Dr. Pollock dated 2/2/04, 1 page
Unsigned reports dated 2/2/04, 2/4/04, 2/9/04, 2/11/04, 4 pages
Report from Dr. Pollock dated 3/22/04, 1 page
1 page prescription from Dr. Pollock dated 3/22/04
Functional capacity evaluation dated 4/6/04, 7 pages
Report from Dr. Merritt dated 4/7/04, 2 pages
Letter from Kimberlee Stukenbrock dated 4/14/04, 1 page
Report from Dr. Pollock dated 4/26/04, 1 page
Report from Dr. Wehmeyer dated 4/24/04, 4 pages
TWCC-69 Report of Medical Evaluation dated 4/30/04, 1 page
Report from Dr. Pollock dated 5/17/04, 1 page
Report from Dr. Pollock dated 7/8/04, 1 page
Exercise program, 3 pages

Summary of Treatment/Case History:

The patient, a 47-year-old female, was injured during a slip and fall at a supermarket on _____. She injured her head, face, and right upper extremity and she went to Cotton Merritt DC for evaluation and treatment on 2/25/03. She was diagnosed with an avulsion fracture of the wrist at the first digit, tenosynovitis of the wrists and digits, cervical intervertebral disc disorder, right shoulder impingement syndrome with probable rotator cuff tear, entrapment syndrome at the elbow and wrist, and post-concussion syndrome.

She began a course of chiropractic and medical care and she was also seen by Garry Pollock MD, who diagnosed her with a non displaced avulsion fracture of the right thumb, tenosynovitis of the right hand, mild median, ulnar and radial nerve irritation on the right, and right shoulder impingement syndrome.

A cervical MRI study done on 3/25/03 and an upper extremity EMG/NCV evaluation were both normal.

The patient underwent conservative medical and rehabilitation treatments and she was also evaluated by the designated doctor on 5/7/03. The TWCC-69 from Dr. Mohabeer indicated the patient was not at maximum medical improvement. Dr. Mohabeer re-examined the patient on 8/7/03 and determined she was not at MMI.

The patient underwent right shoulder arthroscopic surgery on 12/10/03 with Dr. Pollock and she received limited debridement of the right shoulder, subacromial decompression with release of the coracoacromial ligament, and excision of the distal clavicle at the distal AC joint.

The patient was referred to the chiropractor for post-surgical rehabilitation on 12/12/03 and a course of post-surgical rehabilitation and physical therapy was initiated by the chiropractor. The patient was treated on the following dates with treatments consisting of neuromuscular reeducation (#97112), therapeutic exercises (#97110), therapeutic activities (#97530), manual therapy (#97140), and office visits (#99212-25):

12/15/03, 12/17/03, 12/19/03, 12/29/03 and 12/31/03

1/12/04, 1/14/04, 1/27/04, 1/28/04 and 1/30/04

2/2/04, 2/4/04, 2/9/04 and 2/11/04

Questions for Review:

Please review DOS 1/27/04 through 2/11/04 and advise:

1. Items in dispute: #97112 neuromuscular reeducation, #97110 therapeutic exercises, #97530 therapeutic activities, #97140 manual therapy technique, and #99212-25 office visit.

Explanation of Findings:

Please review DOS 1/27/04 through 2/11/04 and advise:

1. Items in dispute: #97112 neuromuscular reeducation, #97110 therapeutic exercises, #97530 therapeutic activities, #97140 manual therapy technique, and #99212-25 office visit.

Treatments consisting of #97112 neuromuscular reeducation, #97110 therapeutic exercises, #97530 therapeutic activities, #97140 manual therapy technique, and #99212-25 office visit were medically necessary from 1/27/04 through 2/11/04.

Expert Clinical Benchmarks from MedRisk indicate that a series of physical therapy treatments ranging from 20-36 visits over 10-18 weeks is indicated following shoulder surgery (Expert Clinical Benchmarks, Upper Extremity - Shoulder and Elbow, King of Prussia, PA, MedRisk Inc 2004)

Haldeman et al indicate that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result (Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993)

Conclusion/Decision to Certify:

Treatments consisting of #97112 neuromuscular reeducation, #97110 therapeutic exercises, #97530 therapeutic activities, #97140 manual therapy technique, and #99212-25 office visit were medically necessary from 1/27/04 through 2/11/04.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993

References Used in Support of Decision:

Expert Clinical Benchmarks, Upper Extremity – Shoulder and Elbow, King of Prussia, PA, MedRisk Inc 2004

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of

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